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of the  
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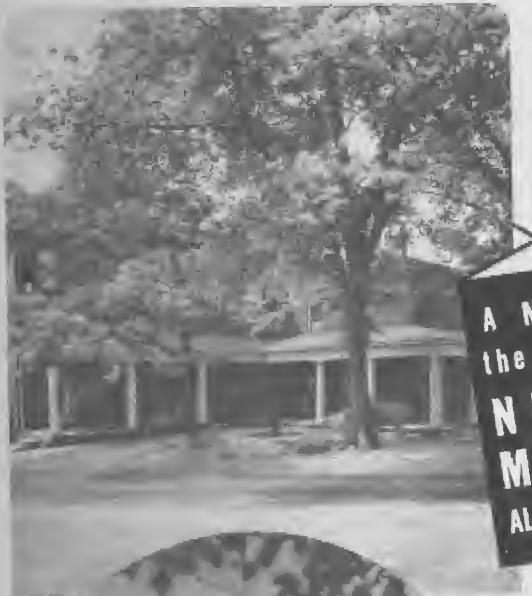
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## PRESIDENT'S PAGE

It is with renewed spirit that the medical society is beginning another year which will carry with it some old problems in new cloaks and some new challenges that must be met. Having just finished a good year under able leadership, the society is looking forward to another.

Looking ahead is at all times necessary and especially now that medicine involves more than the mere practice thereof. Medicine must now be watched from the political and social angles as well as the many viscidities of inherent interests. What the various conditions will be is only known in small part. From the standpoint of medical legislation, it seems again certain that the issue before us more and more is the manner in which the indigent and the low income groups of the nation's population will receive adequate medical service as well as health measures. Even the political maneuvers seemed to quiet for a time, it was only temporary. The new Congress that convened in January will probably be stirred again for the sake of medical benevolence. This phase of the problem will be presented to the United States Congress in some form of National Health Act, a repeat of the erstwhile Wagner National Health bill of 1939, with perhaps new angles in its manner of presentation. This will attract the attention of the general public as well as the medical profession. It will likely be a live issue in coming elections and provocative of political debates. However, the health program is a controversial matter and so may be less desirable for politicians to use in an appeal for votes. Regardless of how it effects politicians or the medical profession, it is a fact that there is an indigent group and a group in the lower income bracket. The indigent already are accessible to medical service. The low income group has not been as successful.

The growth of the medical profession by its own inherent initiative and the strides that it has made, demonstrate that it is desirable as well as of paramount importance that it be permitted to continue in an autonomous way. It recognizes that the indigent and low income groups must be cared for adequately. It contends that the national government need do nothing more than to provide funds where needed and the adoption of plans of the medical profession will take care of the medical and health services. There are but three ways to bring about these services and they are the following:

1. Help of charity.
2. State Aided Insurance.
3. State Medical Service.

The question is, which shall it be? State aided insurance appears to offer the proper provisions for those in the low income group. The complete indigent must be cared for by public taxation.

It is a certainty that there is no valid reason for anyone in this country to be denied adequate medical and health services. We are in accordance with the platform of the American Medical Association, "The principle that the care of the public health and the provision of medical services to the sick is a local responsibility," and should be practiced according to local determination of needs and local control of administration.

In order that the welfare of the society shall continue, it is important that everyone put his shoulder to the wheel. I wish to thank the various physicians who so readily accepted the responsibility of leadership as chairmen of the standing committees and other duties for the success of the organization. We are all proud that The Mahoning County Medical Society is considered

(Continued on Page 15)

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# BULLETIN

of the  
Mahoning County Medical Society

J U A R Y

1 9 4 0

## *Editorials---*

### **Again—Greetings!**

Under Dr. Patrick, the Bulletin has not only maintained its high standard,—it has made fine progress. Now I am to give it another whirl.

Your support when I falter; your indulgence when I am capricious; your forgiveness when I am foolish; your sympathy when sin overtakes me; your friendship expressed through counsel, encouragement,—and reproof: These I need constantly. May I have them? My one motive is to serve you.

We have barely emerged from the lovely season of Christmas, with all its sweet memories of the days when we were young, and have entered upon a New Year. May 1940 fulfill your wisest hopes.

### **The A. M. A. Proposes**

The Board of Trustees of The A. M. A. met in November, and turned out an 8-point platform, based upon policies and principles laid down by The A. M. A. House of Delegates. It reads as follows:

1. The establishment of an agency of the Federal Government under which shall be coordinated and administered all medical and health functions of the Federal Government exclusive of those of the Army and Navy.
2. The allotment of such funds as the Congress may make available to any state in actual need, for the prevention of disease, the promotion of health and the care of the sick on proof of such need.
3. The principle that the care of the public health and the provision of medical service is primarily a local responsibility.
4. The development of a mechanism for meeting the needs of preventive medical services with local determination

of needs and local control of administration.

5. The extension of medical care for the indigent and the medically indigent with local determination of needs and local control of administration.
6. In the extension of medical services to all the people, the utmost utilization of qualified medical and hospital facilities already established.
7. The continued development of the private practice of medicine, subject to such changes as may be necessary to maintain the quality of medical services and to increase their availability.
8. Expansion of public health and medical services consistent with the American system of democracy.

The medical Profession ought to stand militantly united upon this platform. For us to enunciate a platform of abstract principles is hypocritical unless we proceed to do our honest best to transform that platform into concrete practice.

The A. M. A., DEMOCRATICALLY representing us all, rightly has included these activities as part of its functions. The platform is timely. We have the machinery for action. The A. M. A. is ably led by experienced and devoted medical statesmen.

We believe most of the Profession prefer that the A. M. A. will lead us.

### **Mr. Mayor, Thanks**

The Mahoning County Medical Society feels greatly encouraged by the action of Mayor Spagnola in continuing the policy of appointing physicians to key positions in City Medical Service only from a list receiving the Society's endorsement. This places an obligation upon us to use great discretion. That we have tried to do.

For those thus appointed, we assume a certain sponsorship. We offer

to each of them our congratulations, and shall deem it a privilege to counsel and co-operate with them at all times to the end that their service may be most useful to the City and reflect credit upon them and the Society.

---

### Goodbye 30's; Hello, 40's!

Perhaps no decade within our memories has seen more good, and worse, things happen than that now just ended. We have seen progress side by side with pitiful suffering. We have seen the old order changed. We have borne "the slings and arrows of outraged fortune," each in his own way. We have seen cherished concepts torn out by the roots, and

new seeds planted. Will the harvest be bountiful and sweet or scant and disillusioning? The answer no man knows.

But what may we do, first, now in this new decade?

We surely may cling to ideals. We can keep the faith. Today, this year, and each succeeding year, "the still small voice" will lead us if only we will give heed. We can hold fast to that which (experience has shown us) is good. We can shun that which (experience has shown us) is evil. And we can make haste slowly.

The 1940's need not be merely circumstantial and coincidental. America, thank God, is still strong—and free. We can, if we will, prove our right to these blessings.

C. B. N.

### SECRETARY'S REPORT

A Special Council Meeting was called by Dr. Wm. Skipp for the purpose of discussing candidates for the Youngstown City Health Commissioner and for the Youngstown City Physician. The meeting was held at the office of the Secretary Monday evening, December 4, 1939.

A motion was made, seconded and duly passed that the Council vote to call a Special Meeting of the Mahoning County Medical Society at an early date to vote upon candidates for Commissioner of Health and for City Physician of the City of Youngstown.

A motion was made, seconded and duly passed authorizing the Secretary in his letter of notification of the Special Society Meeting to also include the announcement that any member of the County Society wishing to submit his name for either of the offices of Youngstown Health Commissioner or Youngstown City Physician shall notify the Secretary in writing at once.

A motion was made, seconded and duly passed that the President, Secretary and Chairman of the Legislative

Committee write a resolution pertaining to the Public Health conditions of the City of Youngstown and present it at the next council meeting.

The regular December Council Meeting was held at the home of Dr. O. J. Walker, on the eleventh of the month.

Mr. W. C. Fisher, the auditor of the books for 1939 was present to give his report. The meeting was called to order at 10:10 P. M.

Mr. Fisher presented his annual audit of the Books and also submitted the following suggestions:

1. This past year, due to the purchase of bonds and unanticipated expenditures, it became necessary to transfer an amount from Savings Account to Checking Account. It would seem advisable to keep a reserve in the form of this Savings Account in an amount not to exceed \$500.

2. The purchase of bonds from the Checking Account or Savings Account should be made at a time in the fiscal year of the Society when it will be possible to gauge the balance needed for the Treasurer to be able to meet all obligations without being forced to sell one of the bonds to acquire needed funds.

Should the Society prefer to invest all surplus funds in bonds, it is suggested that some \$500.00 bonds be purchased so that just the amount needed can be had from the proceeds of any bond sales.

3. The vouchers and cancelled checks should be kept in a steel file instead of the fibre board box in which they are now kept. Such a steel file need not be expensive and it will serve for several years.

4. The Society should have a safe deposit box in its own name and not in the name of one of its officers. This is not a criticism of any officer who has been gracious enough to pay rental on his own box and permit the Society to keep its bonds there, but rather to put this matter on a sounder basis. The annual change or whenever changes are made in the Officers of the Society would have no effect on the access to such bonds, since the new officer would acquire the right to the box for the tenure of his office, to be passed along to his successor.

5. Supplementing recommendation number one, it is recommended that the Savings Account at present carried with The First Federal Savings & Loan Association be continued or a similar account carried with similar institution, in the sum of not to exceed \$500.00.

6. The Petty Cash Fund, which I understand has been proposed for the Bulletin, should be in the form of a Checking Account with the Union National Bank, payable on check signed by the person to whom the proposed Petty Cash Fund is to be given. No doubt, the bank would waive the levying of a service charge on this fund in view of the fact that the Societies main working account is carried with them.

7. The Petty Cash Fund should be reimbursed promptly each month, for those sums which have been expended therefrom, in order that all disbursements will appear on the books in year in which they are made. This also applies to items such as payroll.

A motion was made, seconded and duly passed that the Auditor's report and suggestions be accepted and entered on the minutes.

A Special Meeting of the Mahoning County Medical Society was called by the Council, and held at the Youngstown Club, Wednesday evening, December 13, 1939, to vote upon the candidates for the offices of Youngstown City Health Commissioner and Youngstown City Physician.

The following members were endorsed by the Society for the position of City Health Commissioner:

Dr. Robert Mossman  
Dr. W. W. Ryall  
Dr. Walker K. Stewart  
Dr. E. R. Thomas

The following members were endorsed by the Society for the position of City Physician:

Dr. S. R. Cafaro  
Dr. Joseph Colla  
Dr. P. H. Fusco

The Secretary then read three resolutions to the Mayor and the Council of the City of Youngstown as submitted by the Council of the Mahoning County Medical Society. Each resolution was read. A motion was made, seconded and duly passed to record the resolutions and send them to the Mayor and the Council of the City of Youngstown.

The resolutions follow:

#### *Resolution I.*

Whereas, The development and progress in public health administration has reached a state when it is now recognized as a specialized branch of medical practice and

Whereas, a Health Department serving a community the size of Youngstown should have as its Director a man who has had special training in public health work and

Whereas, the manifold duties of a Director of Health Department require for their fullest efficiency a man who can devote all of his time to the job

Be It Resolved: that the Mahoning County Medical Society recommend to the Mayor and Council of the City of Youngstown that necessary steps be taken to fill the position of Director of Health with a man who in addition to his degree of M. D., has also earned the degree of Doctor of Public Health and furthermore who will devote his full time to the job.

#### *Resolution II.*

Whereas, at present we have a costly contagious disease hospital plant, larger than is necessary for our present needs, poorly organized, under-manned, lacking proper staffing, nursing, laboratory, x-ray, surgical and medical facilities for the efficient treatment of contagious disease patients and

Whereas, as a result of this condition, no physician feels safe in assuming the responsibility of sending anyone under his care into such an institution. Forty-three contagious patients were admitted in 1937 and only sixteen in 1938, and

Whereas, legal obstacles prohibit the admission of contagious disease cases to our general hospitals, over the past few years when surgical complications arose in this type of case, surgeons have been forced to operate on the kitchen table in the home, a throw-back to Horse and Buggy days, and

Whereas, Reports from Cleveland and Pittsburgh and Youngstown for the year 1937, for which period comparative figures are available, show that Cleveland treated 173.2 patients per 100,000 population, Pittsburgh 139.7 and Youngstown only 21.2 patients in their contagious hospitals. The figures are reduced to cases per 100,000 of population for easy comparison and plainly show that in Cleveland and Pittsburgh where modern hospital facilities are available to contagious disease patients, many more are cared for in the hospital than in Youngstown. In other words, with the proper provisions for their care available, many more (probably about 200 annually) of our contagious sick would be treated in the hospital with better prospects for their recovery than is now possible in the very inadequate conditions under which they must now be treated in their homes. This would result in better service, not only to the individual sick, but also in more efficient administration of quarantine laws in the community

**Be It Resolved:** That the present Municipal Contagious Disease Hospital be organized, equipped and manned on a basis of a modern, up-to-date, contagious hospital, sufficient to care for the contagious disease cases of the City of Youngstown in an efficient up-to-date manner.

### *Resolution III.*

Whereas, Looking at the Bulletin of the State Department of Health which lists the per capita expenditures for Health purposes of the various cities throughout Ohio for 1937, we note that whereas Youngstown spent 40.3 cents, Akron spent 45.7 cents, Ashtabula 43.2 cents, Cincinnati 47.3 cents, Cleveland 54.5 cents, Dayton 47.1 cents and Salem spent 43.8 cents—3.5 cents more per capita for health than we here in Youngstown

**Be It Resolved:** That the Budget Committee recommend to the Mayor and

Council an increase in appropriation for health purposes necessary to provide for the expanded program of the Health Department as outlined in the previous resolutions I and II.

The Regular Annual Meeting was held at the Youngstown Club, December 19, 1939. Dr. Wm. Skipp stated the purpose of the meeting, Election of Officers for the year 1940.

The following officers were elected:  
 President-elect.....Dr. O. J. Walker  
 Secretary.....Dr. John Noll  
 Treasurer.....Dr. E. H. Nagel  
 Delegate to the Ohio State Medical Association for three years  
 .....Dr. Gordon Nelson

Alternate Delegates to the Ohio State Medical Association:

Dr. Ivan C. Smith  
 Dr. E. J. Reilly  
 Dr. Dean Nesbit

Trustee to serve as a member of the Board of Trustees of the Associated Hospital Service, Inc.:

Dr. H. E. Patrick.

The following applications for Active Membership were read by the Secretary:

Dr. Rose Ruth Middleman  
 Dr. Vernon LeRoy Goodwin.

A letter from Mr. Charles Nelson, Executive Secretary of the Ohio State Medical Association, was read, giving the approval of the Revised Constitution and By-Laws as submitted by our Society.

Dr. Wm. Skipp, retiring President, then presented the Chair to Dr. R. B. Poling, as the President for 1940. Dr. Poling gave an acceptance speech and the meeting adjourned, following which a Buffet Luncheon was served.

DR. JOHN NOLL, *Secretary*

*January*

## TRENDS IN OUR POPULATION

By H. E. Patrick, M. D.

In 1650, thirty years after the landing of the Mayflower, the world census was about 500 millions of whom 100 millions were Europeans. These millions represented, for that time, the peak of world population, attained after thousands of years of man's struggle to make a place for himself upon this sphere called the Earth, against the advancing and receding ice caps of the ages and the ravages of pestilential diseases and wars.

As the sun bursts forth in early spring and brings forth the foliage in a day, so man, released from wars, pestilence and the confines of old worlds, sprang forth and multiplied. Births exceeded deaths and the rate of increase in population attained the figure of 40% per generation. Today the world population is in slight excess of two billions of which seven hundred millions are Europeans or their descendants. The decade from 1920-30 recorded the greatest increase in the United States of America; over seventeen millions.

Yet for over one hundred years the per cent of births per married women had been declining and after 1900 was rapid. However this fact was hidden by a remarkable decline in deaths, the excess of births over deaths remaining high. By 1933 the crude birth rate for the United States was down to 17.4 per thousand and the crude death rates was 10.9 per thousand. And for the first time since the settlement of the United States the women of child bearing age were failing to bear enough children to replace their own generation.

To substantiate this latter statement in the face of the foregoing figures as to crude rates of births and deaths, we must endeavor to translate these crude rates into intrinsic rates of births and deaths. If a death rate of approximately 11 per thousand

were operative each year in a population with stabilized age distribution, the average age at death would be 90 years. However it is known to be about 63 years. The reason for our low death rate has been the high proportionate group in the middle years of life. We will probably stabilize at a death rate of 15 per thousand and an average age expectance of 65 years. On the other side of the equation is births. Birth rates are affected favorably by a large proportion of young adults of child bearing age in the population who are reproducing at a rate at least sufficient to replace their own generation. This is not being done by the women of child bearing age today.

The children born today will be the parents thirty years hence; and the Townsendites of the year 2005. Births are the controlling factor in population studies; they are also the most variable factor. Deaths tend to stabilize, 89% of the females born, live to the center period of the reproductive span. How well does that 89% do by our country in the matter of reproduction? At present our intrinsic rate of reproduction is about 95% of replacement needs. This would be lower were it not for the high birth rate in rural areas. But the rate in rural areas is declining also and there is no evidence that the urban rate is increasing.

The following figures state in percent of replacement needs the reproductive trends in our population.

Cities over 100,000.....	75%
Cities down to 25,000.....	88%
Towns, 25,000-10,000.....	97%
Small towns .....	1.04%
Rural villages .....	1.37%
Rural towns .....	1.69%

The Southern farmers are numerous and prolific and it is their children who will inherit what remains

of this urban civilization that we are constructing. Jews, centered in urban communities, and given to high standards of education with late marriage are probably 50% short of replacement. Anglo Saxons, because of their great dominance in the southern farming sections, are more than producing their replacement needs. Negroes about equally distributed between urban and rural communities, are showing about 95% of replacement. Mexicans and Indians, most isolated of all groups, are doubling each generation.

Perhaps to the poor Indian, after several centuries deprivation of his tribal lands, will come into his own.

Large families, certainly larger on the average than at present, are necessary if the present dominant peoples are to maintain their numerical superiority. In seventy years, large families have declined from 50% to 10% in our urban areas. California shows only 10.1% of the fertile married women having five or more children. North Carolina, in the same group shows 32.4% having families of five or more. Maintenance of present population would require 2.6 children per family. Due to sterility in a certain percentage of marriages, the fertile couples must have an average of over 3 per family to provide adequate replacements. Then again some will not have 3 so others must have 4 or 5 per family. All indications point to voluntary control as the principal factor in the decline of births and not to any failure inherent in the reproductive capacity of the women.

These random facts regarding population trends in the United States are pertinent to all who take thought regarding its future. Furthermore it challenges the rights and perogatives of that class of our womanhood who by birth and circumstance may be considered representatives of our "Better Class." If these rights and perogatives are to be used to deprive the

nation of offspring most likely to be provided with the environment best suited to their development and education, it is, indeed a sad situation. It would seem timely to bring to the attention of women leaders these pertinent facts and ask that they be reviewed and evaluated to the end that women of exceptional attainment and environment contribute their proportionate share to the perpetuation of the nation.

The physician, also, can make a contribution. For it is to the physician that the women come for enlightenment regarding the matters pertaining to reproduction and its prevention. While the subject of birth-control is a mooted one and need not be discussed here, yet it lies within the province of the physician to inform the women of the trends in our population and to point out that measures such as contraception can have their abuses as well as their uses.

### Physicians Appointed

Mayor Spagnola has appointed Dr. R. G. Mossman to be the Commissioner of Health of the City of Youngstown.

The Mayor appointed Dr. Mossman from a list of four doctors endorsed for the position by the Mahoning County Medical Society, at a special meeting of the Society, held December 13, 1939.

The others endorsed for Commissioner are Drs. E. R. Thomas, W. K. Stewart, and W. W. Ryall.

At the same time, the Society endorsed three other doctors for City Physician, these are Drs. P. H. Fusco, Jos. Colla and Raymond Cafaro. From these the Mayor selected Dr. Raymond Cafaro.

Drs. Clyde Hall and Samuel Goldberg will be police surgeons and Dr. M. M. Szucs parochial school physician.

These physicians began their service on January 1, 1940.

**PRESIDENT'S PAGE**

(Continued from Page 7)

one of the better county societies in the national association and we are also proud that we have the men willing to work in order to preserve this position.

On the second Thursday of each month, a noon day luncheon meeting of all committee chairmen is planned. A good attendance will be greatly appreciated. The various problems that may be troubling individual chairmen can be aired and all will learn the progress of the others. In this way the varied activities of the society can be dovetailed to make a thoroughly efficient working unit.

May we enjoy a successful year, both as individuals and as a group.  
R. B. POLING, M. D., President

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**Medical Management of Ulcerative Conditions of the Colon\***

By EARL H. YOUNG, M. D.

The medical management of any ulcerative condition of the colon is essentially the same as that of ulcerative colitis. There are specific methods of treatment for several of these diseases, but the general management is similar. Chronic ulcerative colitis may be precipitated or aggravated by any of the acute or chronic forms of colitis.

The important factors of the treatment of ulcerative lesions of the colon are: 1. Relief of distress. 2. Restoration of electrolytes. 3. Maintenance of nutrition. 4. Attack of causative factors.

This discussion will be an attempt to evaluate the various methods of treatment of chronic ulcerative colitis and outline a few of the specific measures which have proved to be useful.

The distress in the more acute colitis is often severe. Symptomatic treatment must be designed to relieve frequent watery stools, cramps, tenesmus and fever. Every patient with diarrhea should be put to bed and kept there until the frequency of his stools has been relieved. Bismuth subnitrate or subcarbonate, or aluminum hydroxide by mouth will often help to relieve the diarrhea. Since the use of barium enemas for x-ray diagnosis has been found to give relief to a large number of patients, barium sulphate has been given by mouth and

by enema with rather favorable results. Promiscuous use of either barium or bismuth is to be avoided. There may be actual constipation with slowing of the fecal flow at the cecum even in the presence of marked diarrhea. This condition may be proved by the motor meal type of x-ray study and definitely contraindicates the oral use of constipating agents.

Opiates may be necessary to relieve cramps and tenesmus. Belladonna or atropine tend to relieve spasm of the colon. Frequently barbiturates are used for restlessness and as an adjuvant to antispasmodics.

The poor nutrition, which may become extreme emaciation, is explained by a study of the pathological physiology of ulcerative colitis.

The normal flow of the fecal content of the colon is relatively slow, permitting free absorption over a large area of normal mucosa. In ulcerative colitis the fecal stream is accelerated past a partially destroyed, inflamed, edematous mucous membrane, whose absorptive powers have been greatly diminished. Food products are absorbed poorly, their need is increased by fever and by bleeding from the ulcerated areas.

In ulcerative colitis, as in many other diseases, the importance of the change in the chemical constituents of the blood is being emphasized. The diminution in sodium, chlorine, cal-

\*Read at the October meeting of Staff of St. Elizabeth's Hospital.

cium and other ions must be rectified. The degree of depletion of electrolytes may be determined directly by quantitative measurement or relatively by changes in N.P.N. or  $\text{CO}_2$  combining power. If the absorptive power of the colon is greatly diminished a high mineral intake must be supplemented by infusions and transfusions.

The diet in chronic ulcerative colitis must be increased. The usual "diarrhea diet," which is high in carbohydrates, is not sufficient. In order to prevent and combat debility in these patients, the vitamin and protein intake must be increased. Vitamin deficiencies approaching avitaminosis are common. Foods with a high residue tend to increase the patient's distress. Milk is poorly tolerated. The diet therefore must be high caloric, high protein, high vitamin and low residue.

Diseases coincidental with ulcerative colitis should be treated. Foci of infection, hyper- or anacidity of the stomach and even colds should have special attention.

It is difficult to evaluate the efficacy of any method of treatment of ulcerative colitis. This disease is cyclic and is characterized by remissions and exacerbations. Of the innumerable methods of treatment which have been advocated, many have been discarded, some are of doubtful value, and some of definite use.

Medicated enemas have been discarded as dangerous and of little use except as a relief measure. Ileostomy, appendicostomy, cecostomy to allow "washing out" the colon, have proved of little value, but colostomy is still used as a first step in the surgical management of this condition.

Liver extract has many advocates. It is of distinct value and should be used. However, its chief effect is to aid in the general health of the patient and to combat macrocytic anemia. It is not a specific measure.

Various chemical agents (in fact

most new drugs) have been tried with little success. Two of these, sulfanilamide and sulfapyridine have definitely caused remissions. Usually the remissions are short and it is impossible to say that the disease will not recur after the use of these agents. Sulfapyridine causes a more favorable response in a greater number of patients than does sulfanilamide.

Unfortunately there is no specific organism found in all cases of ulcerative colitis. Bargen's bacillus, the streptococcus fecalis and all the rest have been eliminated as specific causes of this disease. When organisms for which we have specific antisera are recovered from the lesions, the antisera have produced favorable results. When cultures are made, it is very important to make them from the base of the ulcers. The usual gram negative flora of the colon is obtained on the surface of the ulcers, whereas offending organisms are most often found in the tissues. Autogenous vaccines from recognized pathogens are giving the most satisfactory results of all the immunological attempts, but it is not certain whether the effect of these vaccines is through the production of specific antibodies, through allergic desensitization, or both.

Allergy plays an important role in some if not all cases of this disease. Arthus in his work on tuberculosis showed that sensitization followed by exposure to the specific antigen produces inflammation which may be accompanied by actual tissue necrosis. Then in 1925, Andresen reported that food allergy plays a definite role in certain cases of chronic ulcerative colitis. Following this, passive immunization of the G. I. tract in animals and of the rectum in man indicated that the colon could be considered as a shock organ. Like bronchial asthma, ulcerative colitis frequently becomes worse following upper respiratory conditions. Definite aggravation of the symptoms of colitis follow an overdose of autogenous vac-

(Continued on Page 18)

January

## Annual Banquet

January 16th, 1940

Kingdon U. Brown

The Fine Art of Deception—Non-Perfidious Double-Crossing—  
things you thought were usual,—Ain't

Added—Some snappy "Numbers"—Don't miss em!

Youngstown Club

8:30 P. M.

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## Regular Monthly Meeting

February 20th, 1940

Youngstown Club

8:30 P. M.

•

speaker

DR. GABRIEL TUCKER

from

TEMPLE UNIVERSITY

Philadelphia, Pa.

•

subject

Diseases of the Larynx and Trachea

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## Postgraduate Speakers

DR. WARFIELD T. FRIOR, Chief of Surgery

DR. RICHARD TeLINDE, Professor of Gynecology

DR. BENJAMIN BAKER, Associate in Medicine

DR. LLOYD LEWIS, Chief of Genito-Surgery

## Medical Management of Ulcerative Conditions of the Colon

(Continued from Page 16)

cine. A large percentage of patients with ulcerative colitis have "food idiosyncrasies or dyscrasias."

In those patients in whom allergy plays a definite role, the recognition of food allergy necessitates the use of the test diet method. Cutaneous tests yield misleading and, at times, entirely false reactions.

With each exacerbation of ulcerative colitis there is progressive permanent damage. The colon finally becomes a narrowed, shortened, fibrotic organ lined with granulation tissue. When this occurs, there is but one recourse, surgery.

Medical management should not cease when surgery is indicated. Nutritional factors, electrolyte and water balances are of major importance when the colon is made functionless.

There are certain definite indications for surgery. The list includes perforation, polyposis, multiple abscesses of the skin, perirectal abscess, malignant degeneration and failure of medical treatment. Those who advocate the use of surgery as a last resort are wrong; so are those who would operate before trying adequate, planned medical treatment.

The following is a plan of management which will cover the majority of cases.

Tell the patient of the cyclic character of his disease and warn him of the danger of stopping his treatment too soon.

Make him understand that the feeling of well-being is not an index of cure, but that his condition must be checked with frequent sigmoidoscopic examinations.

A toxic patient and especially one with an acute, fulminating exacerbation should be put to bed, placed on sulfanilamide or preferably sulfapyridine and transfused if necessary. If there has been no response within seven to ten days he should have a colostomy or ileostomy, proximal to the diseased area.

If his toxemia is not relieved or if a large amount of discharge per rectum, persists, colectomy must be performed.

If the patient is slightly toxic and has a fever use sulfapyridine or sulfanilamide. Use sodium bicarbonate and nicotinic acid to control nausea. If one of these causes a favorable result continue its use for ten days to two weeks then use it every other week for six months to one year. Check the results with the x-ray and sigmoidoscope.

Make a culture from the base of the ulcer at the first sigmoidoscopic examination. When pathogenic organisms occur for which no antisera is available, make an autogenous vaccine. Always test the patient for sensitivity to the vaccine before using it subcutaneously. Expect better results when the skin test is positive.

Be sure to maintain nutrition. Use iron, transfusions; the vitamin products, as indicated. Use liver extract especially when macrocytic anemia exists.

When the patient's nutritional state permits, use elimination diets to prove or disprove allergy.

Do not depend on any one of these methods of approach to the medical management of ulcerative colitis, but evaluate the importance of each in the individual case. Even if their combined use does not relieve or improve the patient, their use should be continued after the patient has been operated.

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### Dr. Autenreith Heads Shrine

The Nobles of the Mystic Shrine recently elected Dr. W. C. Autenreith as its President for the coming year.

The Club has a large membership made up of many of our leading citizens, and carries on an extensive program of community service. This recognition of Dr. Autenreith's leadership is not only a tribute to him but, also, to the Society.

**In Memoriam****Thomas J. Arundel M. D.**

July 4, 1868—December 6, 1939

**DR. ARUNDEL—PIONEER**

For more than forty years, Dr. Thomas J. Arundel served humanity in Mahoning County. Wednesday, December 6, 1939, the master physician called him away, at 71 years of age.

Dr. Arundel was an honorary member of the Mahoning County Medical Society, whose distinction came by brevet as a reward for valiant service in the ranks. He was an active worker in church and community affairs, and received the papal cross from Pope Benedict XV, "Pro Ecclesia et Pontifice."



Funeral services were held at St. Columba's Church on Saturday, December 9, when Very Reverend Joseph N. Trainor sang the requiem mass. Active pallbearers were medical colleagues: Drs. C. D. Hauser, Peter Boyle, E. C. Mylott, H. M. Osborne, F. W. McNamara, and S. W. Goldcamp. Honorary pallbearers were Dr. W. C. Reilly, Judge George Carew, Thomas Ryan, Frank Hoffman, James Collieran and Joseph Murphy.

**FINDINGS FROM THE FIELD****Medicine, a Learned Profession\***

Perhaps at this time when much is being said as to the nature of medical practice, it is well to give some heed to what we mean by a learned profession as distinguished from a trade or business. The professional man is, or should be, something of an idealist. He is guided by the ideals of his profession, rules of conduct which have been handed down and which, for instance, are embodied for the medical man in the Hippocratic Oath. The professional man is primarily a learned man, a man who

depends upon his knowledge as his stock in trade. He has specialized knowledge over and above that of the common man in relation to some particular topic, be that law, theology, accountancy, teaching or medicine. Perhaps the thing that distinguishes him more than anything else is the peculiarly personal relation to the client or patient which he enjoys, a confidential relationship, a situation in which he is adviser, guide and friend, a situation in which his interest does not cease when the particular transaction is concluded. It follows as a corollary that he is an individualist, one who functions far more efficiently without regimentation or coercion, but rather requires the opportunity

\*Excerpts from address of Winfred Overholser, M. D., Superintendent of Saint Elizabeths Hospital, delivered at the opening assembly of George Washington University School of Medicine, September 25, 1939. Reprinted from *Science*.

to utilize freely his own initiative and judgment within the limits of his professional code of ethics. He has, too, an interest in the results of this relationship in which he is called to advise, which is over and above the cash recompense which he receives; in fact, in the practice of medicine it is all too often the case that no monetary recompense is received at all, and more frequently the recompense is wholly inadequate to the value of the services rendered. The physician does not consider that he is receiving a *quid pro quo* when he is paid by his patient. It is not that he sells his opinion at so much a yard. He is entitled to a living, yes, but more than that he takes a satisfaction in seeing that the results of his advice have brought aid and comfort to the person who sought it.

Another feature is, or should be, the disregard of fixed hours, the readiness to be of service whenever called upon. It is a matter of regret to some of us in the medical profession to see certain other professional aides at times somewhat disinclined to regard this fundamental principle of the profession. The professional man is not a "clock-watcher." He does not count on regular hours. He realizes when he takes up the study of medicine that his sleep will often be interrupted, that his time will not really be his own, and he rejoices to feel that he may be called upon when others are in need regardless of his own comfort. One other point of distinction may be mentioned, and that is the principle as laid down in the Hippocratic Oath, that he will teach this art to others if they wish to learn it "without fee or stipulation." The physician, and indeed any professional man, should emulate the Clerk in the Canterbury Tales of whom Chaucer said: "And gladly would he learn and gladly teach." Such are a few of the distinctions which set off the learned professions, and particularly the profession of medicine, from business. Our earliest

prototype, the priest in primitive society, was the guide, counsel and friend, the original professional man. We belong to one of the oldest professions, and we may feel confident that when in years to come we prepare to retire from active practice we may still be looked upon as the members of a profession.

### Our Support Is Needed Now

No doubt most members of the Academy have received literature from the National Physicians' Committee for Extension of Medical Service, together with a request for donations. This organization, though belated in its inception and perhaps not what many of us have desired, is never-the-less formed for the purpose of undertaking a task, the accomplishment of which all of us know is imperative. Many of us wonder why the American Medical Association has not undertaken this task long ago; and it seems probable the delay in organizing a separate body for the purpose, has been due to the same thought in the minds of others. However that may be, it is now apparent that our national organization either cannot or will not, perhaps dares not, undertake the task of defending the great body of American physicians against those who would regiment the practice of medicine.

Why the A. M. A. has failed to take the initiative in this instance is a fair question, and one that should be answered at the proper time. No doubt there are very good reasons for the decision that has been reached and equally good ones for not making them known to the rank and file of the profession at this time. We have elected representatives to the A. M. A. in whom we have confidence. We must support them now in this period, which is unquestionably the most critical one in the history of the American profession.

Obviously, we as individuals, or even as single County or State or-

ganizations, cannot hope to win this fight. Our efforts must be integrated. We must have a central body to control and direct the efforts of all, and that body must be composed of earnest individuals who have the ability to see this problem in all its ramifications, and are willing to give of their time to lead us in this fight to retain those standards which have been proven by time to be the best. For these reasons this Committee has been organized. The past records of the men on it are sufficient evidence of their ability and leadership. The fact that they are there is evidence of their earnestness. The final result is largely up to us. We must donate to this cause as liberally as our circumstances will permit. Some of us must give time and effort in addition. The importance of whole hearted support cannot be over emphasized. The fact that both political parties are making plans to use socialized medicine as a bid for votes at the next national election is only one evidence of the extent to which the cards are being stacked against us. The Committee is an answer to a prayer. We must unite in this fight, for only by being united can we hope to win it.

—Carl S. Mundy, M. D., Bulletin, Toledo Academy of Medicine.

### **Sho' Nuff A. M. A. Union!**

It is quite useless for me to point out to any great length the value of proper organization. There is just one thing that does come to my mind that I will mention and that is the American Medical Association. As most of you probably know, this is actually the strongest union in the world. I wonder where these professional men would get if they did not have some such organization to protect themselves against an over-production of young doctors and especially incapable doctors. If we had an organization of mink men just even one-tenth as strong as the

American Medical Association, we would have most of our present marketing problems completely under control.

PAUL G. BRADY,  
*In American Fur Breeder*

### **Got Your Pamphlet?**

This may be that long-awaited return,—the Return of the Golden Age, the age of the pamphleteers, the time of derring-do.

Anyway, pamphlets are still to be had,—some religious, some political, and some economic.

But the best one yet is being passed about in Youngstown. It assures you, if you are a "wreck of a man," "if you are afflicted," if you are young or if you are old, you shouldn't "let your vitality go blooey!"

It goes on to say you gotta have PEP,—no pep, NO GO! and what about the wifey? She doesn't like to see sallow, hollow-eyed sweetums that way. Sometimes she gets a divorce, and sweetums "becomes bitter and spiteful, pessimistic and blue."

We are told that during such days is "When a Fellow Needs a Friend." "The Humane Doctor knows what such fellows suffer." So he uses "Secrecy in treating these cases." People with prostate trouble gotta have "PRIVACY."

"Modern Methods," that's us! Get away from "Vital Debility;" get strength, vigor, and warmth;" don't be bashful,—"A great drawback,"—in more ways than one!

"When you're sick see us, at greatly reduced cost,"—but don't ask for advice by mail,—we ain't foolin' with Uncle Sam! I don't sign myself—Entrance—North Chestnut Street.

"Prostate days are here again,  
The skies above are dull again,  
Let us strain and strain and strain  
again,  
Prostate days are here again!"  
Have you received *your* pamphlet?



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Diagnosis, like many another vital thing in life, is too often taken for granted—the medicine that makes the patient well receives the glory. The doctor who gives up his part in the composition of his patient's medicine, therefore, gives up a great deal more than he realizes.

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January

## THE MEDICAL CRIER

A Page of *Sidelights, News and Views in the Medical Field*

To all to whom these presents come, greeting! So reads the first line of our medical diploma, a fitting salutation presented at the beginning of a new career. We feel in somewhat the same mood now, standing on the threshold of the first year of a new decade. The usual New Year's stock taking and resolution making take on a tenfold significance in the light of the changing calendar and of the tremendous events happening in the world. Around our narrow confines Fortune smiles. Peace and Freedom are our fair companions in a place where our chance to work and grow are limited only by our own ambition and ability. The thunder of war, the oppression of the dictator seem far away from our peaceful isolation, yet near enough to give a feeling of foreboding for the coming days. Let those gifted with prophecy attempt to foretell of the events this year or this decade will bring. We do not know what will be the results of the war, of changing governments or of changing social customs. We only know that some of you will prosper, many will suffer and a few will die. New discoveries will be made, new cars will be bought and new babies will be born.

But as to the effect on the practice of medicine, of the social unrest and the tendency to change established methods of practice, who can say? The next ten years may bring a revolution in medicine which will change our lives completely. Maybe for the worse, maybe for the better, but changed at least. What you can do about it is a question for which everyone has his individual answer. Probably the best way to be sure of a better future is to so live and work and prepare oneself as to be worthy of it. A doctor is so busy with each day's present problems that he has little time to prospect the future or reflect on the past. Yet of all these,

the present is the important time. In it all living is done and all work is accomplished. Its moment is so fleeting. Maybe it would be a good thing to resolve just to do your best in each moment of the present. As Scarlet O'Hara says, "I'll worry about it to-morrow!"

Speaking of the first year of a new decade reminds us of the great controversy that was waged in 1900 as to whether it was the last year of the old century or the first year of the new one. Those who believed that the new century started with the year 1901 were backed up by Doctor Albert Shaw, editor of the *Review of Reviews*, who said in part, "We must give the nineteenth century the 365 days that belong to its hundredth and final year, before we begin the year of the new century . . . None of the people who have proposed to allow ninety-nine years to go for a century would suppose that a \$1,900 debt had been fully met by a tender of \$1,899." However, it was generally accepted that the new century began in 1900.

The National Physician's Committee for the Extension of Medical Service has a very high sounding and complicated name which at first glance caused a feeling of antagonism. It sounded too much like the Committee of 200 that tried to sell the A. M. A. down the river. But on further study we decided that not only was it a good organization but well named. A glance at the names of the personnel and a brief study of their aims should convince one on the first point. As to the name, it immediately stymies accusations of our opponents that the doctors were trying to keep medical care from being extended to all the people, such as was leveled at the A. M. A. This Physician's Committee will be able to do a great many things that the A. M. A. by its very nature cannot do. More power to both of them!

J. L. F.

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### Our Fellows Perform

Three of our members were out doing their bit for medicine in the State of Ohio, as members of the Faculty of the Second Course of Regional Postgraduate Lectures, given in December.

On December 6, Dr. A. E. Brant addressed the Mansfield Region on "Helping the Public Reduce the Mortality Rate of Acute Appendicitis."

On December 7, Dr. John E. L. Keyes appeared before the Findlay-Defiance Contingency, at Defiance, his subject being "Hints to the General Practitioner in the Handling of Acute Eye Conditions."

Dr. Keyes spoke on "The Causes of Failure in the Surgical Treatment of Glaucoma" at a graduate course in ophthalmology, at the Cleveland Clinic December 4, 1939. He delivered an address on "A Study of the Eyes in Experimental Vascular Hypertension," before the Detroit Ophthalmological Club on December 7.

On December 7, at Cambridge, Dr. E. C. Baker discussed "Present Day Viewpoints on the Diagnosis and Treatment of Cancer."

### Tuberculosis on the Air

The Junior Chamber of Commerce conducted a symposium on Tuberculosis over station WFMJ, Monday evening, December 11. Participating as discussants of different phases of the subject were Dr. E. E. Kirkwood, Dr. S. G. Patton, Dr. W. W. Ryall, Dr. Gordon G. Nelson, and Dr. Edward Reilly. This was held in connection with the "Annual Mile of Dimes" drive. Patrick D. Orazio and Raymond Kohn guided the discussion, which was in the question-and-answer mode.

Much of sane, useful information was given, and the program was skillfully handled. The doctors knew their subject and were enthusiastic in their discussions.

### Miss Mary Deitchman

On Friday morning, December 29, 1939, Miss Mary Deitchman, Youngstown passed away.

Miss Deitchman was a sister of Drs. Louis and Morris Deitchman and of Miss Bess Deitchman of the South Side Unit of the Youngstown Hospital.

Miss Deitchman was for many years office assistant of Drs. Louis and Morris. Her cultivated mind, her gentle spirit and her charming manner endeared her to everyone.

Our deepest sympathy goes especially to her father and mother and to all of her family.

---

### Mrs. R. E. Whelan

To record the passing on October 19, 1939, of Mrs. R. E. Whelan, wife of our very greatly esteemed, Dr. R. E. Whelan. Mrs. Whelan typified the traditional best in the wife of a doctor, and she was active in the affairs of St. Elizabeth's Hospital, where Dr. Whelan has so long given devoted service. Always gracious and kind, her memory will ever remain in the hearts of her many friends.

To Dr. Whelan and their son and daughters, our sincere sympathy!

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### Prevention and Investigation

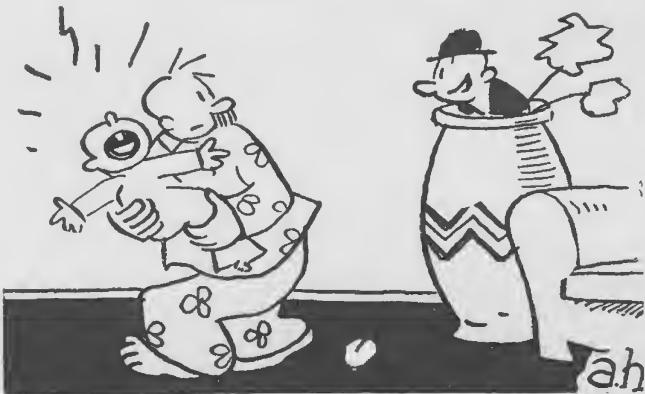
To me these are the great ideas in medicine whose earnest adoption and sensible application by you as individual physicians in practice will do more than anything else to make you fine physicians and as such to help you do your part in bringing back to the profession at large the well-nigh universal esteem which it not so long ago enjoyed, and also to keep in its hands for the welfare of the public that which it is best fitted to do.

HENRY L. GERSTENBERGER, M. D.  
*Clinical Bulletin, W. Reserve*

## Ah There, Floorwalker

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January

## News Items

### St. Elizabeth's News

By S. T.

The following officers were elected at the annual meeting of the Staff of St. Elizabeth's Hospital held on Tuesday, December 12, 1939:

Dr. F. W. McNamara, Chief of Staff.

Dr. E. H. Nagel, Vice-Chief of Staff.

Dr. Saul Tamarkin, Secretary-Treasurer.

Dr. J. M. Ranz, Director of Surgery.

Dr. A. M. Rosenblum, Director of Medicine.

Dr. W.H. Evans, Executive Committee.

Dr. C. D. Hauser, Staff Representative to the Associated Hospital Service Incorporated.

Miss Matilda Gaydos and Dr. J. B. Kupec were married on January 1, 1940.

Miss Virginia Corah and Dr. M. E. Conti were married on December 28. Miss Corah is a graduate nurse of the St. Elizabeth's Hospital Training School. Dr. Conti, formerly of this city, is now with the United States Navy.

Dr. and Mrs. F. W. McNamara announced the engagement of their daughter, Cecily Jane, to Mr. Edward Dietz of Long Island.

Dr. and Mrs. A. M. Rosenblum announced the engagement of their daughter, Frances, to Dr. Bertram Firestone of Columbus, Ohio.

A daughter was born to Dr. and Mrs. W. Z. Baker at St. Elizabeth's Hospital on December 21, 1939. This was an unusually welcome addition as the Bakers have three sons, the youngest nine years old.

Dr. S. R. Cafaro has moved his office to 250 Lincoln Avenue. He is now associated with Dr. J. F. Nagle.

Miss Emily Keller and Dr. M. B. Goldstein were married on November 4, 1939.

Dr. L. G. Coe and family, and

Dr. and Mrs. J. M. Ranz have returned from a several weeks Florida vacation.

Dr. W. H. Evans has returned from a two weeks vacation in Texas, where he visited with his mother.

### Youngstown Hospital News

By F. C.

Dr. Charlie Scofield is convalescing on K ward at the South Side Unit.

Mrs. O. J. Walker successfully overcame some pneumococci recently to bring smiles back to "O. J."

We are expecting Dr. William Skipp to be back on the job most any day now after his encounter with a hit-skip driver just before the holidays.

The society extends its sympathies to Drs. Louis and Morris Deitchman in the bereavement of their sister, Miss Mary Deitchman.

The chemistry room in the laboratory at the North Side is now being remodeled along the lines of the changes made at the South Side early in the fall.

Morbidity rate for internes at the South Side unit threatened new highs just before Christmas when Drs. Maryanski, Webb, and Bartz filled up K ward. They are all up and about now.

The staff meeting for December was given over to sulfanilamide and related compounds in a symposium presented by Drs. Wendell H. Bennett, J. P. Harvey, C. M. Askue, and C. H. Warnock. They traced the history of the drug, listed experimental procedures, and told of clinical results with the various compounds of the drugs.

Dr. Henry Sisek spent two weeks at Miami acquiring a coat of sun tan before the start of the new year.

New office space has been acquired recently by the following doctors: S. W. Weaver, L. K. Reed, J. P. Keogh, M. S. Rosenblum, and A. R. Cukerbaum.

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H. S. Banninga	P. L. Boyle	J. B. Kupec
J. F. Dulick	<b>Public Relations &amp; Economics</b>	R. H. Middleton
John Rogers	Walter K. Stewart, Chair.	Ray Hall
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Saul Tamarkin, Chairman	Wm. Skipp	C. S. Lowendorf
S. J. Klatman	Dean Nesbit	Wm. Skipp
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F. W. McNamara	Paul J. Fuzy	D. E. Montgomery
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Wm. Bunn	L. G. Coe	S. G. Patton
P. Fuzy	<b>Medico-Legal</b>	S. Raymond Cafaro
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S. A. Meyers	A. Elliott	M. M. Szucs
J. P. Keogh	J. K. Herald	W. K. Stewart
J. K. Herald	J. Birch	<b>Members of the Executive Committee of Women's Field Army Against Cancer</b>
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J. J. McDonough	C. A. Gustafson	Wm. D. Collier
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### Fine Meeting at New Castle

The Lawrence County Medical Society met in New Castle on December 6, 1939. Dr. Grover C. Weil of Pittsburgh delivered an unusually valuable paper on Industrial Accidents, and, what is equally desirable, he gave it in an unusually interesting manner.

Ten of our members attended; namely, Drs. Walter Tims, Dean Nesbit, E. R. Thomas, Wm. H. Evans, J. L. Fisher, Elmer Nagel, C. B. Norris, Paul Harvey, Robert Poling and P. J. McOwen.

The Lawrence County Society has among its members some of the ablest men in medicine and surgery in the Country. The Society reflects this high quality.

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### Oh, Looka!

The best P. G. day yet! Well, maybe not the best, but just as good as!

Dr. Jack McCann has secured for April 24, 1940 (Slightly tentative date, but practically decided)—a most attractive set up. LOOK:

John Hopkins furnishes the quartette.

The performers are:

Dr. Warfield T. Frior, Chief of Surgery.

Dr. Richard TeLinde, Professor of Gynecology.

Dr. Benjamin Baker, Associate in Medicine.

Dr. Lloyd Lewis, Chief of Genito-Surgery.

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### Weaver Psychs Sec.'s Nurses

Dr. Samuel W. Weaver will address the members of the Medical-Dental Bureau Doctors' Secretaries Organization, on Thursday, January 25, 1940. This is a dinner meeting and will be held at the First Reformed Church at 6:00 P. M.

This very active organization is composed of the Secretaries and Office Nurses of the members of the Medical-Dental Bureau.

### A No-contest Election

The regular Annual Election of Society officers, held at the Youngstown Club, Tuesday evening, December 19, disclosed decided unanimity. No contest for anything could be kicked up.

The following are the results:

Dr. O. J. Walker, President-elect.

Dr. John Noll, Secretary, re-elected.

Dr. Elmer Nagel, Treasurer, re-elected.

Dr. Gordon Nelson, Delegate, re-elected for three years. (There are three delegates, but the terms of the others do not expire until 1940 and 1941.)

Drs. Dean Nesbit, Ivan Smith, and Edgar Reilly were re-elected as Alternate Delegates for one year.

After the meeting, buffet supper was available to those who could "take" it.

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### A New Step

A tiny girl, having her first medical examination, was asked by the school doctor if she had had St. Vitus dance. "My teacher taught me several dances but not that one," was the demure reply.

(Submitted by M. B. Hopkins, New York, N. Y.)

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### The Dean Had An Answer

This incident actually happened during clinic rounds at the University of Virginia Hospital, Charlottesville, Va.

Dr. J. C. Flippin, Dean, was questioning the class regarding racial immunity and racial predisposition to certain diseases. One student was asked if any people were inclined to suffer with constipation. The embryo medico replied, "The Scotch are said to be a constipated race."

The Dean, noted for his dry humor, scarcely cracked a smile as he agreed, "Yes, they are said to be tight."

(Submitted by R. E. Albert, M. D., Portsmouth, Va.)

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